

A gathering in B.M.A. House last week of medical men 'from eight European countries, which was arranged by Dr. George de Swiet, was in itself an example of how much can be gained even at an informal meeting between doctors of different nations. The meeting was in a sense an opportunity for saying *Ave atque vale* to men and women who hope soon to return to their own countries to deal with the terrible aftermath of German invasion. Dr. Dain, the Chairman of Council, struck a note that found a ready response among all those present when he observed that if there were a wider diffusion of the spirit that permeated medicine, the prospects of future peace might be made secure. There were, he said, no frontiers in medical knowledge, there were no monopolistic restrictions in medical discoveries. Medicine was truly international. British doctors had a big sense of obligation and gratitude to their foreign colleagues, because we were conscious that we had been spared the misery and destruction to which almost the whole of Europe had been subjected. If, therefore, out of that meeting there came some movement for giving a permanent expression to the bonds which hold together doctors of different countries, then the British Medical Association would feel it a privilege to give all the help it could to make such a movement successful. Dr. Dain's welcome was endorsed in a few words from Dr. C. Hill, Secretary of the B.M.A. Dr. Alfred Cox then gave those present a most interesting short history of the Association Professionnelle Internationale des Médecins, recalling how the proposal to hold the Annual Conference in Prague in 1938 was defeated by the German delegate, who considered this an insult to the master race. Dr. Cox felt now, as he felt in the early days of the A.P.I.M., that an international organization of doctors should take as its field of activity what might be described as medical sociology or medical politics. Such an organization should provide a framework within which doctors of all countries could discuss common professional problems, and should not attempt to include medical science, which was well covered by various international congresses for various branches of medicine. The idea of the A.P.I.M. came originally from Poland and was enthusiastically taken up by Dr. Decourt of France.

The views of many were summed up by the Norwegian Minister of Health when he said that in the new kind of world which they were hoping to reconstruct after the war medical services would have to some extent to be reconstructed also. But they should remember that the medical profession, through its doctors, had over a period of hundreds of years become moulded into the society of which they formed a part, and that any attempt to break this mould might be harmful. That the doctor should prove a beneficial force in society outside his strictly professional sphere was a view put forward by another speaker. Among them all was a clear desire for a common organization, so that in peace the profession of medicine at least could see that national rivalries were transcended. Those foreign delegates who spoke were: Dr. C. Meissner (Chairman of the Polish Medical Association), Dr. Karl Evang (Norwegian Minister of Health), Dr. J. Ungar (Czechoslovakia), Col. C. F. Koch (Dutch Army), Dr. M. Sekulic (Yugoslavia), Col. B. A. Osipov (Soviet Military Mission), Dr. A. D. de Smet (Belgium).

The University Extension and Tutorial Classes Council, in co-operation with the Provisional National Council for Mental Health, is prepared to hold this year, provided sufficient applications are received, the usual course on mental deficiency and allied conditions. It is hoped that the course can take place, as in recent years, at the London School of Hygiene and Tropical Medicine, Keppel Street, Bloomsbury, and the date fixed is March 12 to 23, 1945. Students must arrange their own residence. The course is intended for qualified medical practitioners, more especially those who are engaged as school medical officers, certifying officers to local authorities under the Mental Deficiency Acts, or as medical officers in institutions. Detailed time-tables and other information will be sent out to each person proposing to attend the course about a week before it begins. As the course can be held only if sufficient applications are received, intending candidates should apply at the earliest possible date, but in any case by Feb. 24. The registration fee of 10s. 6d. must be paid at the time of application and the fee for the course before March 3. If applicants withdraw before this date the fee of £5 15s. 6d. will be returned or carried forward to another course as preferred. Should the course have to be cancelled all fees will be returned. Cheques should be made payable to the Provisional National Council for Mental Health, and crossed, Barclays Bank, Ltd. All communications should be addressed to Miss Evelyn Fox, C.B.E., c/o University Extension Department, University of London, 39, Queen Anne Street, W.1.

Army Form 1-3216.

INTERCHANGE OF MEDICAL INFORMATION
FOLLOW-UP CASE CARD

Particulars of Patient :—
Name (*Use Block Capitals*)
Number Rank
NATURE OF CASE

Date (of casualty) (of admission)

NOTES ON CASE

.....

PROGRESS at subsequent units. Kindly post the card as addressed when patient's progress can be predicted.

UNIT and DATE	NOTES and SIGNATURE

P.T.O

surgeon wanting information about what happens to his case completes the patient's particulars, with a note on the case, and stating clearly what information he especially wants, and addresses the card to himself on the back. It is then slipped in the envelope containing the patient's documents on transfer. At each subsequent unit through which the patient passes on his way to the base or home hospital, the M.O. will write, in the section headed "Progress" (which is continued on the other side of the card), the number of the unit, the date, and an interim note on the patient's condition. A final note is required in this section as soon as the outcome of the case can be predicted with any degree of certainty. This is the point at which the civilian surgeon at home can earn the thanks of his colleague in the field, by completing the card and putting it into the post, so that it goes back to the man who started it on its journey.

FOREIGN DOCTORS: A MEETING AT B.M.A. HOUSE

Since September, 1939, this country has witnessed a peaceful invasion of its shores by a growing number of men and women from the unhappy Continent of Europe, and among them have been many medical men and women who have either taken a place in the civil medical services or have served with the remnants of their own Forces. Our own pressing problems, domestic and national, have made it difficult to see as much of them as we could have wished, but contact between British doctors and their colleagues from Europe and the other side of the Atlantic has proved a fruitful stimulus. Possibly our foreign guests have learnt something about British medicine and from British doctors. There can be no doubt that we in our turn have learnt much from them. In particular, doctors in this country have come to look at familiar problems in both the practice and the organization of medicine from a fresh standpoint. The crust of our insularity—perhaps not so thick as popular tradition holds—has certainly been broken here and there with benefit. It is healthy to re-examine the foundations of tradition, even though such an exercise may give a temporary feeling of insecurity.